

PAYROLL DEDUCTION MAINTENANCE FORM

Primary Member#:		SS #	
Member Name:	▼		
Payroll Due Date:	7/28/23	Payroll #	Select One From List
Switch Account?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Old Member #:
Start:	<input type="checkbox"/>	Stop:	<input type="checkbox"/>
Increase:	<input type="checkbox"/>	Decrease:	<input type="checkbox"/>
Redistribute:	<input type="checkbox"/>		

I hereby request and authorize the deduction and / or the change (increase or decrease) to an existing deduction, as stipulated below by DADE COUNTY FEDERAL CREDIT UNION from my salary or wages each pay period. Further, I request and authorize the transmittal of said amount to DCFCU to my share account and/or for payment on any present or past outstanding loan or loans extended to me by said Credit Union.

					TOTAL
Member #	Account Suffix		Last Name		Amount
		▼			
		▼			
		▼			
		▼			
		▼			
		▼			
		▼			
		▼			
		▼			
		▼			
		▼			
		▼			

IMPORTANT: List all deductions *exactly* as it should appear in the system.

THE CREDIT UNION AND THE MEMBER AGREE TO INDEMNIFY AND HOLD HARMLESS THE EMPLOYER FROM ANY CLAIM OF DIRECT LOSS CAUSED AS A RESULT OF COMPLYING WITH SAID DEDUCTIONS.

Member Signature:	Date:

Branch #: _____ Operator #: _____ Operator Name: _____